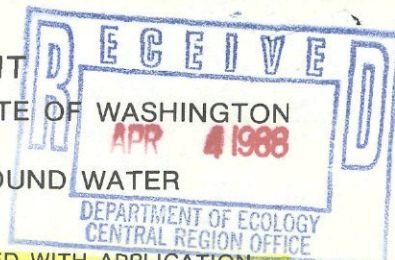




APPLICATION FOR PERMIT  
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ SURFACE WATER

☒ GROUND WATER



\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION

(GRAY BOXES FOR OFFICE USE ONLY)

APPLICATION NO. <b>5429711</b>	W.R.L.A. <b>48</b>	COUNTY <b>Okanogan</b>	PRIORITY DATE <b>4/4/88</b>	TIME	ACCEPTED <b>MS</b>
-----------------------------------	-----------------------	---------------------------	--------------------------------	------	-----------------------

APPLICANT'S NAME - PLEASE PRINT

**DALE R JOHNSON**

BUSINESS TEL. **997-2441**

ADDRESS (STREET)

**PO BOX 581**

(CITY)

**TRISP, WA**

(STATE)

**98856**

HOME TEL. **997-8652**

(ZIP CODE)

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION

1. SOURCE OF SUPPLY

IF SURFACE WATER

IF GROUND WATER

SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)

**TRISP RIVER** MUD DITCH

TRIBUTARY

**METHAW RIVER**

SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.)

SIZE AND DEPTH

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)

ENTER QUANTITY OF WATER  
REQUESTED USING UNITS OF:

CUBIC FEET PER SECOND

**.13 CFS**

OR

GALLONS PER MINUTE

**60**

GPM

ACRE FEET PER YEAR

**3 1/2 acres**

**Irrigation during irrigation season**

TIMES DURING YEAR WATER WILL BE REQUIRED

**The 1st May to October**

IF IRRIGATION, NUMBER OF ACRES

**3 1/2**

IF DOMESTIC USE, NUMBER OF  
UNITS BY TYPE, E.G. 1-HOME,  
1-MOBILE HOME, 2-CAMPSITES, ETC.

**no**

IF MUNICIPAL USE, ESTIMATED  
POPULATION  
20 YEARS FROM TODAY

**no**

DATE PROJECT WAS OR WILL BE STARTED

**Nothing To Start**

DATE PROJECT WAS OR WILL BE COMPLETED

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT <b>2-3</b>	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION) <b>Howard Betty # 14</b>	SECTION <b>17-20</b>	TOWN <b>33N</b>	RANGE <b>33E</b>
-------------------	-------	--	-------------------------	--------------------	---------------------

ALSO: PLEASE ENCLOSE A COPY OF THE PLAT AND  
MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW  
NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)

**West Trip WA 1/2 mile**

SECTION

**17-20**

TOWNSHIP N.

**33N**

RANGE (E. OR W.) W.M.

**33E**

COUNTY

**Okanogan**

**SW 1/4 SE 1/4, Sec 10, T 33N, R 21E, Okanogan County**

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER

**yes**

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM  
A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY. OR, COPY CAREFULLY IN THE SPACE BELOW.

**Lot 2 & 3 shown on the map is  
to be watered from the pipe line  
shown,**



WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACTOR, PURCHASER, ETC.)

Pasture

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☐ YES

☒ NO

IF YES, FROM WHAT SOURCE (I.E. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

Gravity Flow - From the ditch

REMARKS

7.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

Dale R Johnson  
LEGAL LANDOWNERS NAME  
(PLEASE PRINT)

Dale R Johnson  
APPLICANT'S SIGNATURE

Dale R Johnson  
LEGAL LANDOWNERS SIGNATURE

Box 581  
LEGAL LANDOWNERS ADDRESS

Twisp WA  
98856

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows: .....

.....

.....  
In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this.....day of....., 19.....

.....  
Department of Ecology